

2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 09, 2004 8:00 am
Secretary of State

02-09-2004 90052 002 ***150.00

DOCUMENT # 850744

1. Entity Name

EMPIRE GENERAL LIFE ASSURANCE CORPORATION



Principal Place of Business

2801 HWY 280 SOUTH
LEGAL DEPARTMENT
BIRMINGHAM AL 35223
US

Mailing Address

P O BOX 2606
LEGAL DEPARTMENT
BIRMINGHAM AL 35202
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country



MOORE

CR2E034 (11/03)

4. FEI Number

63-1073929

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**CT CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2004 Fee will be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	SVTD	<input type="checkbox"/> Delete
NAME	BIELN, RICHARD J	
STREET ADDRESS	2801 HWY 280 SOUTH	
CITY-ST-ZIP	BIRMINGHAM AL 35223	
TITLE	P	<input type="checkbox"/> Delete
NAME	ADAM, DOUGLAS K	
STREET ADDRESS	7400 W. 130TH ST., SUITE 400	
CITY-ST-ZIP	OVERLAND PARK KS 66213	
TITLE	EVPD	<input type="checkbox"/> Delete
NAME	RITCHIE, ALLEN W	
STREET ADDRESS	2801 HWY 280 SOUTH	
CITY-ST-ZIP	BIRMINGHAM AL 35223	
TITLE	SVSD	<input type="checkbox"/> Delete
NAME	LONG, DEBORAH J	
STREET ADDRESS	2801 HWY 280 SOUTH	
CITY-ST-ZIP	BIRMINGHAM AL	
TITLE	SVCD	<input type="checkbox"/> Delete
NAME	STUENKEL, WAYNE E.	
STREET ADDRESS	2801 HIGHWAY 280 SOUTH	
CITY-ST-ZIP	BIRMINGHAM AL 35223	
TITLE	COBD	<input type="checkbox"/> Delete
NAME	JOHNS, JOHN D.	
STREET ADDRESS	2801 HIGHWAY 280 SOUTH	
CITY-ST-ZIP	BIRMINGHAM AL 35223	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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STREET ADDRESS	
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TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Richard S. Beilen / **Richard S. Beilen** 1/30/04 (205) 268-1000